SAN BERNARDINO COUNTY
Public Health
Environmental Health Services

385 N. Arrowhead Ave., 2nd floor, San Bernardino, CA 92415
Email: EHS.CustomerService@dph.sbcounty.gov
Website: ehs.sbcounty.gov
Text/Call: 800.442.2283
Fax: 909.387.4323

MEDICAL WASTE MANAGEMENT PLAN

THIS SECTION TO BE COMPLETED BY APPLICANT

REASON FOR SUBMITTAL OF THIS PLAN

Check applicable:	Date:
☐ New Facility	☐ Relocation of Permitted Facility Provide former facility address:
☐ Transfer of Ownership	☐ Changes to Previously Submitted Medical Waste Management Plan

FACILITY INFORMATION

Facility Name Generating Medical Waste:			
Facility Site Address:	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Facility Phone Number:	Fax Number:	Facility email:	

CONTACT PERSON RESPONSIBLE FOR THE IMPLEMENTATION OF THE FACILITY'S MEDICAL WASTE PLAN

Name:	Title:
Email:	Phone Number:

MEDICAL WASTE INFORMATION

The Medical Waste Management Plan (MWMP) is a document that describes the types and amount of medical waste generated at a specific location and indicates how wastes are managed to ensure proper treatment and disposal. All Large Quantity Generators (LQGs) generating >200 pounds of medical waste per month and Small Quantity Generators (SQGs) generating <200 pounds of medical waste per month that also treat their medical waste on-site, are required to submit their MWMP to the local enforcement agency. [Authority cited: California Health and Safety code § 117960 (LQG); § 117935 (SQG with treatment)]

TYPE OF MEDICAL WASTE FACILITY

Check Applicable:

☐ **Small Quantity Generator (SQG):** Your facility generates less than 200 pounds of medical waste per month.

☐ **SQG with On-Site Treatment:** Less than 200 pounds of medical waste is treated onsite.

☐ **Large Quantity Generator (LQG):** Your facility generates 200 pounds or more of medical waste in any month of a 12-month period.

☐ **LQG with On-Site Treatment:** More than 200 pounds of medical waste is treated onsite.

☐ **Common Storage Facility Permit:** Any designated on-site accumulation area that is used and operated solely by an SQG, for example, a medical arts building.

Estimate of <u>TOTAL</u> monthly medical waste generated: _____lbs

MEDICAL WASTE DISPOSAL

How does your facility dispose of medical waste? (check applicable)

☐ A registered hauler transports the waste to a permitted off-site treatment facility.

Registered Hauler Name:		CA Registration Number:	
Address:	City:	State:	Zip:

Alternate treatment technology:

☐ Autoclave (on-site treatment) for medical waste ☐ Isolyser

☐ Mail-back sharps Disposal Company ☐ Other state approved method

TYPE OF WASTES GENERATED

☐	Laboratory wastes – specimen or microbiologic cultures, stocks of infectious agents, live and attenuated vaccines and culture mediums.
☐	Blood or body fluids – Liquid blood elements or other regulated body fluids, or articles contaminated with blood or body fluids.
☐	Sharps – Syringes, needles, blades or broken glass.
☐	Contaminated animals – Animal carcasses, body parts or bedding materials.
☐	Surgical specimens – Human or animal parts or tissues removed surgically or by an autopsy.
☐	Isolation waste – Waste contaminated with excretion, exudate or secretions from humans or animals who are isolated due to highly communicable diseases
☐	Wastes contaminated with fixatives or chemotherapeutic agents.
☐	Pharmaceutical wastes – Non Resource Conservation and Recovery Act (RCRA) pharmaceutical waste only
☐	Other (specify):

EMERGENCY ACTION PLAN

What emergency action plan does the facility have in the event of an emergency? (e.g. treatment system breaks down, hauler unable to pick up waste, spill, natural disaster, etc.). This plan may be provided by attachment.

NOTE: ANY FUTURE CHANGES TO THE INFORMATION PROVIDED MUST BE SUBMITTED TO ENVIRONMENTAL HEALTH SERVICES/LOCAL ENFORCEMENT AGENCY (LEA) WITHIN 30 DAYS, PURSUANT TO THE MEDICAL WASTE MANAGEMENT ACT, 117940(D) SMALL QUANTITY GENERATORS AND 117970(D) LARGE QUANTITY GENERATORS.

Indemnification: The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.

☐ By checking this box, I confirm I am submitting this application electronically and that the information on this form is true and correct. I also acknowledge that I have read, understand and accept any terms and conditions of this form.

SIGNATURE			
I hereby certify to the best of my knowledge and belief that the statements made herein are complete and accurate (Keep a copy of this plan on file at the facility).			
Signature:			Date:
Print Name:		Title:	
If you have any questions, please contact our Medical Waste Program at 800-442-2283.			

MEDICAL WASTES ACCEPTED FROM OTHER FACILITIES					
Date:			Facility Number:		
Medical wastes accepted for:	☐ Consolidation		☐ Treatment		
Facility Name:					
Address:		City:		State:	Zip:
Responsible Person:	Phone Number:		Facility Number:		
Medical wastes accepted for:	☐ Consolidation		☐ Treatment		
Facility Name:					
Address:		City:		State:	Zip:
Responsible Person:	Phone Number:		Facility Number:		
Medical wastes accepted for:	☐ Consolidation		☐ Treatment		
Facility Name:					
Address:		City:		State:	Zip:
Responsible Person:	Phone Number:		Facility Number:		

FOR OFFICE USE ONLY				
Fee:	FA Number:	Record ID:	PE Number:	
Late Fee: ☐ Y ☐ N	Designated Employee:		Received By:	Date:
Check One:	☐ New	☐ Transfer	☐ Reactivate	Changes (please specify):